

Allocations Committee

Approved

Wednesday, February 1, 2006 3:00 p.m. to 5:00 p.m. Public Health 4041 North Central Avenue, Phoenix 15th Floor, Joshua Room

The following provides a written summary of recorded minutes. To listen to the official recorded minutes, contact Planning Council Support. The recording will be provided for review.

MEETING MINUTES

PHOENIX

EMA

RYAN

WHITE

PLANNING

COUNCIL

Attended: Debby Elliott, Fran Garrett, Larry Stähli, Maclovia Zepeda, Marc Allan,

Mark Kezios, Michelle Barker, Randall Furrow, Stephen O'Dell

Alternates:

Excused:

Absent:

Guests: Cheri Tomlinson, Emily Gantz McKay (via teleconference), John Sapero,

Michael Bryson, RJ Shannon

Welcome, introductions and declarations of any conflicts-of-interest

Larry Stähli called the meeting to order at 3:12 p.m. and welcomed the attendees. Everyone introduced him/her self and declared any conflicts-of-interest.

Determination of quorum

Larry Stähli determined that quorum was established, with nine of ten members present at 3:14 p.m.

Review and approval of the minutes for the January 4, 2006, meeting

Kevin McNeal was listed in the attendees twice.

MOTION: Marc Allan moved to accept the minutes as amended. Michelle Barker

seconded.

DISCUSSION: None.

OUTCOME: The motion passed.

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Administrative Agent update None. Committee Chair update

Scoop-Up and Carry-Over Discussion

None.

The committee discussed the upcoming scoop-up and carry-over requests and reviewed available data. John Sapero of Planning Council Support (PCS) clarified for the committee that February 28 is not the deadline for completing carry-over requests; rather, it is the first date when the request may be made. It is best to make the request as soon after that date as possible to utilize the funds quicker and over a longer period of time through the end of the grant year.

Based upon discussions with PCS, and research of utilization reports, the comprehensive plan, a draft of the consumer survey, and unmet needs data, Mark Kezios presented a proposal for allocation of the carry-over funds:

- Increase funding for Oral Health to increase the number of people served with short-term dental care through direct payment rather than covering their enrollment in the dental plan; allowable services would have to be identified ("limited emergency services?"); if no non-profit provider could be found, you could use a for-profit provider or the service could be put out to bid; currently, there is no 'wait list' for oral health services.
- Increased availability of medical care and other basic services in Pinal County through directives to the grantee; preliminary finding from the on-going survey are that funding could assist transportation issues, the lack of local psychosocial support groups, and money to develop a potential service provider for Primary Medical Care, Substance Abuse Treatment, and Pharmaceuticals.
- Increase the ability of Community Based Organizations and Minority Based Organizations to bid on the provision of services.
- Combating addictions to crystal methamphetamines through residential drug treatment; he later amended his proposal to request the focus be on whatever substance abuse issues are identified by the AA as current problems in the EMA, including alcohol. Randall Furrow relayed that RJ Shannon said crystal meth treatment takes 18 months. Michelle Barker clarified that a 30-day detox program is typical for *in-patient* meth treatment. Emily Gantz McKay said EMAs frequently fund only the start of treatment through the detox program and the first few months of outpatient treatment.
- Treatment adherence program for HIV medications similar to a successful program run outside of the EMA through Title II, which will end soon.
- Develop and fund a program under Case Management Services for peer advocacy for outreach and keeping people in care; a study, model development, or both would have to be conducted prior to the launch of services.

 A needs assessment to start in June for an at-risk population that has yet to be determined.

Mark Kezios explained that using carry-over simply to sustain previous years' funding levels within service categories should not be considered until after the grant award is announced, unless they have special justifications based upon data.

Debby Elliott proposed that the following categories be considered:

- Transportation services
- Legal services
- Substance abuse treatment services, but in-patient may be extremely costly

Cheri Tomlinson inquired about a proposal she submitted on an electronic prescription program, but PCS said that request must go through the Administrative Agent.

Marc Allan proposed sustaining funding levels for the Alt/Comp Services once results from the model development are completed. Emily Gantz McKay said that HRSA would be unlikely to support such a request unless it was very well justified.

Fran Garrett proposed additional funding for Health Education/Risk Reduction.

Maclovia Zepeda proposed additional funding for Emergency Financial Assistance to aid those struggling with Medicare Part D. She also requested Behavioral Health Services and Transportation Services both be considered due to increased usage, saying they go hand-in-hand since transportation is usually required for those needing behavioral health treatment.

Michelle Barker added that in-patient care for substance abuse may be too limited, but she advocates support for out-patient treatment for crystal meth and other substances, including alcohol.

Marc Allan proposed creative thinking relating to systems like debit cards for transportation services as a means to simplify the process for clients. Stephen O'Dell suggested hiring a coordinator to oversee a volunteer car service. Debby Elliott responded that voucher programs have been problematic, but gas vouchers are being discussed with consultants.

Maclovia Zepeda proposed that Targeted Outreach be considered based upon the results of the on-going model development.

Michelle Barker proposed that Food Services be considered to sustain previous funding levels since the category had been combined this year to include food supplements. Randall Furrow responded that he witnesses large amounts of food being disposed during his volunteer work at a service provider.

Emily Gantz McKay clarified that carry-over funding *should* be determined by the Allocations Committee based upon data, not as in previous years when requests from service providers were submitted as proposals. Marc Allan inquired about how the data apply to Alternative/Complementary Services. She replied that proper analysis could be contracted for \$10-15,000 to review the data from the consumer survey to weigh the

information with the population Title I serves rather than *all* people living with HIV or AIDS. Although it is useful in its current form, issues with the sample sizes and methods should be triangulated against other parts of the needs assessment. Further, 'needs assessment' refers to the entire process of data collection including focus groups. "Consumer Survey" refers to the 2005 study of 599 HIV-positive people that overrepresents the vast majority of consumers who are less poor and receive primary medical care. In 2005, a rapid assessment was conducted and a needs assessment for those out of care is scheduled for 2006.

Emily Gantz McKay warned that "times have changed" so throughout HRSA the focus will be on the six core services and transportation. Reauthorization is considering the removal of Case Management and Oral Health from the core services. Marc Allan stated that Alt/Comp has benefits that may be on par with the core services and should be reevaluated on a national level.

Emily Gantz McKay suggested that, in addition to the AA's office, the Community Planning & Assessment Committee should report on updated information for each area under consideration, inviting outside people in to discuss them whenever appropriate.

Mark Kezios also proposed funding the continuing assistance of HRSA Consultants Emily Gantz McKay and Harold Phillips beyond May 2006 through the rest of the grant year.

MOTION: Mark Kezios moved to request additional information on the proposals from CPA and the AA. Marc Allan seconded.

DISCUSSION: None.

OUTCOME: The motion passed.

Data Needs for Priority Setting and Resource Allocations

The committee discussed the data needs for the Priority Setting and Resource Allocations Process (PSRA) for Grant Year 2007. Emily Gantz McKay said appropriate forums should be organized by Allocations: one for consumers, and a separate one for everyone else (e.g., Ryan White service providers, community based organizations, AIDS service organizations, and other funding sources). That would be when data should be gathered that are not on the list already. Allocations then determines how different weights should be applied to different data based upon investigation of their sources, making recommendations to the Council on what matters most.

Debby Elliott requested that demographics information continue to be included in the AA's utilization reports for use in PSRA.

Stephen O'Dell requested that costs-per-unit should be identified, and Maclovia Zepeda asked that units be clarified.

PCS requested that the number of new clients be reported.

Cheri Tomlinson said budgets for directives must be developed.

Larry Stähli said other funding sources must be identified.

At Marc Allan's request that the data be restated, PCS has including the following list from the committee's policies and procedures:

Data and Emerging Needs - Information and statistics will be considered, including the following:

- (i) Availability of Title I funds grant award amounts and unexpended grant funds
- (ii) <u>Emerging Needs Data</u> analysis of current needs and projections for future needs of the epidemic within the EMA
- (iii) <u>Epidemiological Data</u> include trends/changes in HIV/AIDS incidence and prevalence, changes in HIV/AIDS demographics within the EMA, and quantitative data regarding people within the EMA who know they have HIV but do not access primary medical care
- (iv) <u>Outcomes Evaluation Data</u> these include client-level Health Status Outcomes for primary medical care, and outcomes for other care and support services
- (v) <u>Qualitative and Needs Assessment Data</u> include focus groups, surveys, and estimates of unmet need among clients not in primary care
- (vi) <u>Service Utilization Data</u> include numbers of unduplicated clients, units of service provided, and demographic information regarding who is and is not accessing care
- (vii) Other Relevant Data include information on other available services in the community, information on other funding streams, and insurance status data
- (viii) <u>Currently Existing Resources</u> Consideration of other funding sources, and the availability of similar services both inside and outside the HIV/AIDS community.

Elsewhere in the policies and procedures, the following data are mentioned as potential requests of the Allocations Committee:

- Emerging Needs Report
- Expenditure Report
- Outcomes Evaluation Data
- Procurement Report (following award allocation recommendations)
- Service Utilization Data

Michelle Barker reiterated the list determined at the last committee meeting:

- Epidemiological data—ADHS and Maricopa County
- Utilization reports—AA's office with any changes requested by Allocations Committee

- Needs Assessments
 - ♦ 2005 Consumer Survey—Planning Council Support
 - ♦ 2005 Rapid Assessment Response Evaluation (R.A.R.E.) of the Out-of-Care Population—Collaborative Research
 - ♦ 2006 Out-of-Care Population— Not bid yet
 - ♦ Pinal County Residents—Collaborative Research
 - ♦ African-American Community—John Snow, Inc.
 - ♦ Hispanic Community—Not bid yet
- 2006-2008 Comprehensive Plan—John Snow, Inc.
- Service Provider presentations
- Non-Ryan White provider presentations
- Governmental agencies (SAMSA, et al.)
- Special and emerging populations—Invite agencies to report on trends (Catholic Social Services, et al.) for April presentations
- 2005 Resource Inventory—Community Planning Group
- Consumer input through town hall meetings

Emily Gantz McKay said she would send a model of a chart with dollars, but the first place to look for most of the information would be in the recent grant application. She reviewed her training plan for the upcoming Planning Council retreat: data weighting, revising the process based on gaps in information, researching data on special populations if they are incomplete, triangulation of data from multiple sources.

Conference Call with HRSA Technical Consultant

Emily Gantz McKay participated throughout the meeting, but the following items were tabled.

- o Development of the Allocations Committee timeline of activities
- o Review of the Allocations Committee Policies and Procedures

Current events summaries

Mark Kezios announced the schedule of an upcoming Executive Committee meeting.

Stephen O'Dell announced that Body Positive has become the new sponsor of the Dining Out for Life fundraising event on April 27.

Planning Council Support announced an upcoming workgroup will examine the continuum of care in the Phoenix EMA.

Mark Kezios asked for advice on finding patient records from AIDS Project Arizona, which is now closed. He was referred to the AA's office.

Fran Garrett announced the schedule of an upcoming Education & Empowerment Committee meeting.

Call to the public

Cheri Tomlinson announced that MIHS will host the National HIV Women and Girls Day at Phoenix College on March 10 with River Huston scheduled as the keynote speaker.

Adjourn

The meeting adjourned at 4:38 p.m.

The next meeting of the committee is scheduled for: Wednesday, March 1. This committee generally meets on the first Wednesday of every month.

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